

Instructions Please Read

Dear Taxpayer:

Attached please find your **CPA Surcharge Exemption-** Application for Fiscal Year 2020. A new application is required each year.

The filing deadline for Fiscal Year 2020 is April 1, 2020. This deadline cannot be extended or waived by the Board of Assessors for any reason.

*Please note the CPA Surcharge Exemption cannot be granted until December 2019 at the earliest. We will not know the total amount of the Surcharge until the Assessed Values have been certified and the Tax Rate set. You may be required to pay at least two quarters of the Surcharge before the full amount can be deducted.

You must complete the following sections of the application in order for the Assessors' office to process your application.

- 1) Section A (Ownership as of January 1, 2019)
- 2) Section B (Signature)
- 3) Section C (Household Members)
- 4) Section D (Optional- Out of Pocket Medical Expenses from Calendar 2018)
- 5) Section E (Owners & Co-Owners Gross Income from Calendar 2018)
- 6) Section F (If applicable)

The last page <u>Disposition of Application</u> is for Assessors' Use, not to be completed by applicant.
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The following must be enclosed along with your application:

- ☐ COMPLETE 2018 Federal Income Tax Return *
- ☐ Trust Verification (if applicable)

The applicant must be a Trustee of the Trust AND also be a Beneficiary of the Trust.

For properties held in a Trust only-

Enclose the following (unless on file with the Assessors' Office):

- ☐ A copy of the entire Trust Document, including the Schedule of Beneficiaries.
- ☐ A copy of any amendments made to the trust and or Trustees since July 1, 2018.
- ☐ A copy of any amendments made to the Schedule of Beneficiaries.

*If you do not file a Federal Income Tax Return, please request a "FILE NO INCOME TAX RETURN" form.

Also in order to verify income, please enclose;

- ☐ State Income Tax Circuit Breaker (CB Form)

Or

- ☐ All 2018 1099 forms
- ☐ All 2018 W-2 forms

Your application cannot be processed unless it is completed and all required documents have been received.

Please continue

Household Size	Annual Income Limit for the CPA Exemption	
	Senior Household Type: Property Owned by Senior (60+)	Non-Senior Household Type: Property Owned by Non-Senior (<60)
1	\$79,310	\$63,448
2	\$90,640	\$72,512
3	\$101,970	\$81,576
4	\$113,300	\$90,640
5	\$122,364	\$97,891
6	\$131,428	\$105,142
7	\$140,492	\$112,394
8	\$149,556	\$119,645
	These income limits are adjusted for household size and are based on the FY2019 median income published by HUD (\$113,300)	

Exemption Eligibility Requirements:

- **The Low/Moderate Income Exemption applies only to Residential property.**
- **Exempt status is determined as of January 1.** All ownership, occupancy, age, or age must be met as of that date.
- **Applicant must own and occupy the property as of January 1.** Applicant may be: (1) sole owner, (2) co-owners, (3) life tenant or (4) trustee with sufficient beneficial interest in property under terms of trust. All co-owners do not have to occupy the property; however, each co-owner must meet the Annual Household Income standard. For property subject to a trust, each co-trustee must also meet income standard.
- **Applicant must provide proof of age to determine whether: 1) 60 years old or older (Senior Household Type), or 2) under 60 (Non-Senior Household type).**
- **Applicant must provide proof of Annual Household Gross Income from all household members who are 18 or older and not full time students for the previous calendar year.**
- **Applicant must provide proof of number of dependents.**

Determination of Eligibility of Applicant's (Net) Annual Household Income:

- 1. Determine Annual Household Gross Income from all sources (including all household members who are 18 or older and not full time students during the previous calendar year).**
 - Includes: wages, salaries and bonuses, public and private pensions, retirement income, Social Security, alimony, child support, interest and dividend income, net income from business, public assistance, disability and unemployment insurance, regular contributions/gifts from party outside of the household.
- 2. Deduct allowance for Dependents.**
 - Number of dependents on January 1 (not including spouse) x \$300 (Established by the State Department of Housing and Community Development, 760 Code of Massachusetts Regulations 6.05(4)).
- 3. Deduct (certain) Medical Expenses.**
 - Total out of pocket medical expenses of all household members for the preceding calendar year, (total must exceed 3% of household annual gross income in order to be deducted).
 - Out of pocket medical expenses must be documented and includes: health insurance premiums, payments to doctors, hospitals and other health care providers, diagnostic test, prescription drugs, medical equipment or other expenses not paid or reimbursed by employers, public/private insurers or other third parties.
- 4. Equals Household Annual Income for CPA Exemptions.**
 - The result is the (Net) Annual Household Income to be used for the application for the CPA Low/Moderate Income Exemption. This amount cannot exceed the Annual Limits for Household Type and Size (see chart above).



Town of Arlington
Board of Assessors
 (781) 316-3050

Date Received
Application No.
Parcel Id.

Name of City or Town

LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS
FISCAL YEAR _____ APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION
General Laws Chapter 44B

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 44B, § 3 and Chapter 59, § 60)

Return to: Board of Assessors

Must be filed with assessors on or before April 1, or
3 months after actual (**not** preliminary) tax bills are
mailed for fiscal year if later.

INSTRUCTIONS: Complete all sections. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____

Telephone Number _____ Marital Status _____

Were you 60 years or older on January 1, _____? Yes ☐ No ☐

If yes and first year of application, please attach copy of birth certificate.

Legal residence (domicile) on January 1, _____
No. Street City/Town Zip Code

Mailing address (if different) _____
No. Street City/Town Zip Code

Location of property: _____ No. of dwelling units: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other _____

Did you own the property on January 1, _____? Yes ☐ No ☐

If yes, were you: Sole owner ☐ Co-owner with spouse only ☐ Co-owner with others ☐

Was the property subject to a trust as of January 1, _____? Yes ☐ No ☐

If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town (MA or other) for this fiscal year? Yes ☐ No ☐

If yes, name of city or town _____ Type of exemption _____

B. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, the application and all accompanying documents and statements are true, correct and complete.

Signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

YOU MUST ALSO COMPLETE SCHEDULES C - F ON FOLLOWING PAGES

FILING THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR SURCHARGE.
TO AVOID INTEREST AND COLLECTION CHARGES, YOU MUST PAY SURCHARGE AS BILLED BY DUE DATE.
IF EXEMPTION IS GRANTED AND SURCHARGE IS PAID IN FULL, REFUND WILL BE MADE.
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

C. HOUSEHOLD MEMBERS. List all members of your household on January 1 and provide requested information. Please list any members who are 18 and older and not full time students last. Documentation may be requested to verify information provided.

	Full Name (First, Middle, Last)	Relationship to Applicant	Age as of 1/1	Occupation or School Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Continue list on attachment, in same format, as necessary.

D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING PRECEDING CALENDAR YEAR. List total medical expenses incurred by all household members during calendar year before January 1 that were not paid by or reimbursed by employer, public or private health insurance or other third party. Includes amounts paid in health insurance premiums, co-payments, deductibles and other out of pocket expenses. Documentation may be requested to verify expenses claimed.

TYPE OF EXPENSE	Total Out of Pocket for Preceding Calendar Year
Health insurance premiums	\$ _____
Doctors	\$ _____
Hospitals	\$ _____
Diagnostic tests	\$ _____
Prescription drugs	\$ _____
Medical equipment	\$ _____
Other	\$ _____
TOTAL OUT OF POCKET	\$ _____

E. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR. List income received from all sources for each member of household 18 and older and not full time student during calendar year before January 1. Please list members in same order as shown in Schedule C above. Copies of federal and state income tax returns may be requested to verify income reported for each household member.

	Applicant Name	Member 1 Name	Member 2 Name	Member 3 Name
TYPE OF INCOME				
Wages, salaries, other compensation	\$	\$	\$	\$
Social Security				
Other pension/retirement benefits				
Interest/dividends				
Rental income				
Net profits from business or profession				
Capital gains				
Alimony				
Child support				
Public assistance				
Unemployment compensation				
Disability compensation				
Other (specify):				
TOTAL GROSS INCOME - MEMBERS	\$	\$	\$	\$
TOTAL GROSS INCOME - HOUSEHOLD				\$

Continue list on attachment, in same format, as necessary.

F. CO-OWNERS' HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR.

Does Schedule E above include the gross income of all co-owners of the property as of January 1, ____? Yes ☐ No ☐

If no, a Schedule C, D and E must be attached for each co-owner not included.

THIS PAGE IS FOR ASSESSORS' USE ONLY

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Age ☐

Ownership ☐

Occupancy ☐

Applicant's Gross Income \$ _____

Dependent Deduction \$ _____

Medical Deduction \$ _____

Applicant's CPA Income \$ _____

Co-owner 1 Gross Income
\$ _____

Dependent Deduction \$ _____

Medical Deduction \$ _____

Co-owner 1 CPA Income \$ _____

Co-owner 2 Gross Income
\$ _____

Dependent Deduction \$ _____

Medical Deduction \$ _____

Co-owner 2 CPA Income \$ _____

GRANTED ☐

DENIED ☐

Assessed surcharge \$ _____

Exempted surcharge \$ _____

Adjusted surcharge \$ _____

BOARD OF ASSESSORS

Date voted _____

Certificate number _____

Date certificate/Notice sent _____

Date: